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FAR 2.101, 3.104, and 42.1503

**CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR)  
NONSYSTEMS**

Name/Address of Contractor:

Company Name: SUPERLATIVE TECHNOLOGIES, INC

Division Name:

Street Address: 8300 GREENSBORO DR

City, State, Zip Code: MC LEAN, VA, 221023605

Country: USA

DUNS Number: 964466833

PSC: R425 NAICS Code: 541511

Evaluation Type: INTERIM

Contract Percent Complete: 80

Period of Performance Being Assessed: 2015-02-15 - 2016-02-14

Contract Number: GS35F4958HN0001412F0341

Business Sector & Sub-Sector: NONSYSTEMS, PROF/TECH/MNG  
SUPPORT

Contracting Office: OFFICE OF NAVAL RESEARCH

Contracting Officer: (b) (6) Phone Number: (b) (6)

Location of Work: 875 NORTH RANDOLPH ST. ARLINGTON, VA  
22203-1995

Award Date: 2012-02-15

Effective Date:

Completion Date: 2016-03-14

Actual Completion Date: 2016-03-14

Total Dollar Value: \$46,446,378.00 Current Contract Dollar Value:  
\$35,387,210.00

Complexity: MEDIUM Termination Type: NONE

Competition Type: FULL AND OPEN COMPETITION Contract Type:  
FIRM FIXED PRICE

Key Subcontractors and Effort Performed:

DUNS:

Effort: (b) (4)

Project Number:

Project Title: OFFICE OF NAVAL RESEARCH (ONR) IT  
OPERATIONS SUPPORT

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### Small Business Utilization:

Date of last Individual Subcontracting Report (ISR) / Summary

A common five level assessment rating system is used to evaluate a contractor's performance. Ratings range from Unsatisfactory to Exceptional. Here's a breakdown of each category:

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(b) (4), (b) (5), (b) (3) (A)

Evaluation Areas:

Rating

(b) (4), (b) (5), (b) (3) (A)

Other Areas

Rating

(1)

(2)

(3)

Variance (Contract to Date)

Current Cost Variance (%): -10 Completion Cost Variance (%):

Current Schedule Variance (%): Completion Schedule Variance (%):

Assessing Official Comments:

QUALITY: The scope of the IT support services required is very complex and broad. Examples of high quality products/services include: Global Cyber Security Inspection passing grades, patching of the network, 508 compliance program including NDEWAM outreach, VTC Phase II implementation assistance, the successful PCAT Assessment, blade and storage technology refreshment, monitor technology refreshment, continued support of the Lab Demo system, and coordination with CAMIS & PRISM vendors for both maintenance and upgrades. (b) (4), (b) (5), (b) (3) (A)

(b) (4), (b) (5), (b) (3) (A)

SCHEDULE: The rating for this period is comprised of two areas: CDRLs and Projects/Tasks. (b) (4), (b) (5), (b) (3) (A)

COST CONTROL:

(b) (4), (b) (5), (b) (3) (A)

MANAGEMENT: This rating is assigned based on four distinct aspects:

1) Management Responsiveness: (b) (4), (b) (5), (b) (3) (A)

Subcontract Management: (b) (4), (b) (5), (b) (3) (A)

3) Program Management and Other Management: (b) (4), (b) (5), (b) (3) (A)

Management of Key Personnel: (b) (4), (b) (5), (b) (3) (A)

UTILIZATION OF SMALL BUSINESS: N/A to this contract which was awarded to a Small Business.



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REGULATORY COMPLIANCE: While most areas associated with this Category are not applicable to this contract, the vendor complies with both EEO requirements and Combating Trafficking in Persons (FAR 22.17) policy. (b) (4), (b) (5), (b) (3) (A)

ADDITIONAL/OTHER: The overall trend for this rating period is upward. If this trend continues throughout the next rating period, higher ratings will be merited.

RECOMMENDATION: (b) (4), (b) (5), (b) (3) (A)

Name and Title of Assessing Official:

Name: (b) (6)

Title: (b) (6)

Organization: OFFICE OF NAVAL RESEARCH/BD06

Phone Number: (b) (6) Email Address:

(b) (6)

Date: 2016-04-29

Contractor Comments:

QUALITY: (b) (4), (b) (5), (b) (3) (A)

SCHEDULE:

(b) (4), (b) (5), (b) (3) (A)

(b) (4), (b) (5), (b) (3) (A)



COST CONTROL:

(b) (4), (b) (5), (b) (3) (A)



MANAGEMENT:

(b) (4), (b) (5), (b) (3) (A)



ADDITIONAL/OTHER:

(b) (4), (b) (5), (b) (3) (A)





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(b) (4), (b) (5), (b) (3) (A)



Name and Title of Contractor Representative:

Name: (b) (6)

Title: (b) (6)

Phone Number: (b) (6) Email Address:

(b) (6)

Date: 2016-05-13

Review by Reviewing Official:

Review by Reviewing Official not required.

Name and Title of Reviewing Official:

Name:

Title:

Organization:

Phone Number: Email Address:

Date:

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